



**DESENSITIZATION TRAINING CLASS PARTICIPATION WAIVER**

Rider Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Horse Name: \_\_\_\_\_

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR PARTICIPATION IN EQUINE ACTIVITIES WITH THE HUMANE SOCIETY OF GREATER ROCHESTER AT LOLLYPOP FARM INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF NEGLIGENCE. LOLLYPOP FARM EMPLOYEES ARE NOT TO BE HELD LIABLE FOR ANY DAMAGES TO PERSON OR PROPERTY OR ACCIDENTS DURING THE EVENT.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and being around horses, and will not hold The Humane Society of Greater Rochester liable.

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR STAFF USE AT CHECK-IN:**

- Participant is 18 years of age or older
- Negative 2018/2019 Coggins
- Rabies is Current
- ATSM/SEI Helmet